

100,000),³¹ with a range from 1.9% to 2.7%. Black male prisoners surveyed averaged about three times the HIV-positive prevalence of white male prisoners (0.7%, with a range from 0.4% to 1.0%). Black female prisoners had four times higher HIV prevalence than their white counterparts. Their prevalence was 1.6% and 0.4%, respectively. Small numbers, especially among black females, make these estimates unstable (Table 3.3.1).³²

The results of the statewide seroprevalence surveys conducted by the TDH suggest a range of prevalence of 1%-1.6% among prisoners, with higher proportions of black prisoners testing positive for HIV than white prisoners. This corresponds to a self-reported HIV prevalence of 2% among arrestees -- both juveniles and adults from the 1995 Tennessee DUF/SANTA Arrestee Study³³ conducted by the CHRG and summarized in Section 4.0. The results of all these surveys indicate that prisoners engage in behaviors that put them at high risk for HIV infection compared to the general population of Tennessee.

3.3.2.2. National Survey of Childbearing Women

The National HIV Survey of Childbearing Women is one of the HIV Family of Surveys (HFS) designed to monitor the prevalence of HIV among specific groups. Unlike other seroprevalence surveys conducted in Tennessee, such as those in sexually transmitted disease clinics and drug treatment facilities, the Survey of Childbearing Women (CBW) is population-based, not specifically targeting a group at particularly high risk for HIV. Thus, it provides data representative of all women giving birth to live infants in Tennessee.

This survey utilizes blood remaining from routine metabolic screening of newborns. Basic demographic information, such as the mother's age, race and county of residence are attached, but this is an "unlinked" survey, where all information that might identify the mother or child is removed.

An ELISA (Enzyme-Linked Immunosorbent Assay, or EIA) test is run to screen for antibodies to HIV. Due to frequent false positives, an HIV-positive result is not considered certain until a specimen is "repeatedly reactive" to a second ELISA test, and confirmed positive on a confirmatory test, such as the Western blot.

³¹ Prevalence per 100,000 is the epidemiologic measure for rare events. To convert these prevalence estimates to per 1,000 figures for consistency with previous TDH seroprevalence releases, divide by 100.

³² Since prisoners are tested at admission to correctional facilities, their infection may or may not have occurred due to being confined in a correctional facility previously.

³³ The Tennessee Drug Use Forecasting/Substance Abuse and Need for Treatment Assessment (DUF/SANTA) Arrestee Study was conducted by the UTK CHRG, following a national protocol, in three metropolitan and two non-metropolitan law enforcement agencies in Tennessee to assess the prevalence of alcohol- and other-drug-related arrests and crimes in the State in 1996.